

REFERRAL FOR AN ADMINISTRATIVE DISQUALIFICATION HEARING

IM-3112
Rev. 11-97

Date: _____ Local Office: _____ Area Office: _____

Case Name: _____ Case Number: _____

Name of the individual alleged to have committed fraud (if different from the case head): _____

Address: _____

City/State/ZIP: _____

Programs and Amount of Overpayment: (Check boxes that apply.)

☐ Food Assistance \$ _____ ☐ TANF \$ _____ ☐ GA \$ _____

Dates of the alleged violation (attach a copy of the OVCA screen(s):
_____ Date of Discovery: _____

Summary of the Circumstances: _____

Summary of Documentary Evidence to be presented at the hearing (attach one copy of each): _____

Number of prior fraud disqualifications, including dates and manner in which the fraud was determined in each:

Food Stamps: _____

Cash Assistance: _____

Name(s) of Agency Representative(s) who will be presenting the evidence (include title): _____

FOR CENTRAL OFFICE USE ONLY

Date Received: _____

Comments: _____

Disposition: _____

Signature _____ Date _____

Signature of Second Party Reviewer _____ Date _____

Distribution: White - Administrative Hearings; Yellow - Case File.

This form supersedes IM-3112, dated 10-92 when supplies are exhausted.